

## Health Risk Profile\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Clinic: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ ID/SS # \_\_\_\_\_  
At Risk

Ethnicity: (check one)

\_\_\_\_ White, not of Hispanic origin \_\_\_\_ Hispanic \_\_\_\_ Native American  
\_\_\_\_ African American, not of Hispanic origin  
\_\_\_\_ Asian/Pacific Islander \_\_\_\_ Other

Y N

**1. Weight**

☐ above health weight range

Y N

**2. Blood Pressure**

☐ a) B.P.  $\geq$  140/90 mm/Hg  
☐ b) personal history of high blood pressure  
☐ c) family history (first-degree relative)

☐ d) above healthy weight range  
☐ e) lack of exercise

Y N

**3. Cholesterol**

☐ a)  $>$  5 years since last normal screen or cholesterol test or never done  
☐ b)  $>$  1 year since previous abnormal test

☐ c) high Risk for CHD

Y N

**4. Immunization**

☐ a)  $>$  10 years since last Td  
☐ b)  $\geq$  age 65 and has not yet received pneumococcal vaccine

☐ c)  $\geq$  age 65 and has not had flu vaccine if it is flu season

Y N

**5. Oral Health Care**

☐ a) does not brush daily  
☐ b) does not use dental floss daily

☐ c) does not limit sweets, especially between meals  
☐ d) smokes or chews tobacco products

Y N

**6. Breast Exam**

☐ a) age 20 - 39 and  $>$  3 years since last clinical breast exam  
☐ b)  $>$  age 40 and  $>$  1 year since last clinical breast exam

☐ c) does not examine breasts monthly

Y N

**7. Mammogram:** ACS recommends women 40 - 49 years of age receive a mammogram screening every 2 years, and women age 50 and older receive a mammogram screening annually.

☐ a) Up to date with ACS standards  
☐ b) Not up to date with ACS standards

Y N

**8. Pap Smear:** ACS recommends annual Pap smear at onset of sexual activity. If 3 or more satisfactory, normal, annual exams, the Pap may be performed every 1 - 3 years.

☐ a) Up to date with ACS standards  
☐ b) Not up to date with ACS standards  
History of any of the following:  
☐ c) genital warts ☐ d) sexually transmitted diseases ☐ e) multiple sex partners ☐ f) abnormal Pap smears

Y N

**9. Testicular Exam**

☐ Male age 15 - 35 years and a history of atrophic or undescended testicle

Y N

**10. Skin Exam**

☐ a) has family history of skin cancer ☐ b) frequent sun exposure

Y N

**11. STD/HIV: The following are risk factors for STD's such as HIV, Syphilis, gonorrhea, and chlamydia. Answer yes if any of these apply. (Do not identify specific risk factors)**

a) history of injecting drug use (IDU) b) history of sexually transmitted disease c) multiple sex partners d) male to male sex

Y N

**12. Tuberculosis Test:** Has one of the following and has not had a T.B. test in 1 year:

☐ a) Alcoholism ☐ c) Health care worker ☐ e) exposed to someone with T.B. and has not been screened since exposure  
☐ b) kidney failure ☐ d) HIV infection ☐ f) recently moved from Asia, Africa, Central or South America, or the Pacific Islands

Y N

**13. Glucose Test/Diabetes**

☐ a) personal history of diabetes ☐ c) diabetes during pregnancy ☐ e) Native American, Hispanic or African-American  
☐ b) family history of diabetes (first-degree relative) ☐ d) above healthy weight range

Y N

**14. Smoking**

☐ currently smokes

Y N

**15. Physical Activity**

☐ does not exercise at least 30 minutes/ 3 time per week

Y N

**16. Nutrition**

☐ a) above healthy weight range ☐ c) high fat in diet ☐ e) excess salt in diet  
☐ b) does not eat 5 fruits or vegetables per day ☐ d) excess sugar in diet

Y N

**17. Safety**

☐ a) does not always wear seatbelts while in car ☐ c) has a gun and ammunition in same place (loaded or unloaded)  
☐ b) drives after drinking or rides with a driver who has been drinking ☐ d) does not have smoke detectors in home

Y N

**18. Family Planning**

☐ Not ready to have a child, and does not use birth control

Y N

**19. Alcohol and Drug Use**

☐ a) For women: are you pregnant and do you drink alcohol or use drugs ☐ d) ever felt bad or guilty about your drinking or drug use  
☐ b) ever felt you ought to cut down on drinking or drug use ☐ e) ever annoyed by criticism of your drinking or drug use  
☐ c) ever drink in the morning to steady your nerves or get rid of a hangover

Reviewed with client: \_\_\_\_\_ Date: \_\_\_\_\_

(Clinician)

## Health Risk Profile\*

\*Inclusion/omission does not imply that the Texas Department of Health endorses or rejects a specific recommendation or authority opinion.  
**D-15N**

AHP- 2/94